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Assignee Name and Address:						
Yolab Networks, L.L.C.						
2711 Centerville Rd.						
Suite 400						
Wilmington, DE 19808						
A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be						
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and must identify the application in which this Power of Attorney is to be filed. SIGNATURE of Assignee of Record						
The individual whose signature and title is supplied below is authorized to act on behalf of the assignee						
Signature	Elkarkenone		Date	221	MARCH Z	2010
Name	Sheryl Parkinson		Teleph	one		
Title	Authorized Person for Yola	ab Networks, L.	L.C.			

This collection of Information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

DECLARATION REGARDING AUTHORITY TO SIGN ON BEHALF OF A LEGAL ENTITY 37 C.F.R. 3.73(b)(2)(i)

I, Sheryl Parkinson (whose title is supplied below), hereby declare that I am authorized to sign documents on behalf of Yolab Networks, L.L.C.

Sheryl Parkinson

Authorized Person for Yolab Networks, L.L.C.

22 MARCH 2010

Date